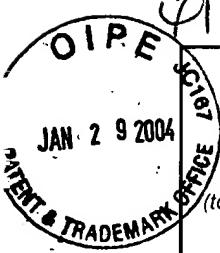


1653



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|--|---|
| Application Number | 09/831,680 |
| Filing Date | January 9, 2002 |
| First Named Inventor | SCHWARZ, et al. |
| Art Unit | 1653 |
| Examiner Name | Mayes, Laurie A. |
| Total Number of Pages in This Submission | Attorney Docket Number 20695C-006500US |

ENCLOSURES (Check all that apply)

Fee Transmittal Form
 Fee Attached
 Amendment/Reply
 After Final
 Affidavits/declaration(s)
 Extension of Time Request
 Express Abandonment Request
 Information Disclosure Statement
 Certified Copy of Priority Document(s)
 Response to Missing Parts/ Incomplete Application
 Response to Missing Parts under 37 CFR 1.52 or 1.53

Drawing(s)
 Licensing-related Papers
 Petition
 Petition to Convert to a Provisional Application
 Power of Attorney, Revocation Change of Correspondence Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s)

After Allowance Communication to Group
 Appeal Communication to Board of Appeals and Interferences
 Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s)
(please identify below)

Return Postcard

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

FEB 05 2004

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|--------------------|--|-----------------|
| Firm or Individual | Townsend and Townsend and Crew LLP Kevih Basran | Reg. No. 34,774 |
| Signature | | |
| Date | January 26, 2004 | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|-------------------------|------|------------------|
| Typed or printed name | Stephanie J. Whitehurst | | |
| Signature | | Date | January 26, 2004 |

**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 950

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 09/831,680 |
| Filing Date | January 9, 2002 |
| First Named Inventor | SCHWARZ et al. |
| Examiner Name | Mayes, Laurie A. |
| Art Unit | 1653 |
| Attorney Docket No. | 20695C-006500US |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------|---------------|------------------------|----------|
| Fee Code (\$) | Fee Code (\$) | | |
| 1001 770 | 2001 385 | Utility filing fee | |
| 1002 340 | 2002 170 | Design filing fee | |
| 1003 530 | 2003 265 | Plant filing fee | |
| 1004 770 | 2004 385 | Reissue filing fee | |
| 1005 160 | 2005 80 | Provisional filing fee | |

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Fee from below | | | Fee Paid |
|--------------------|----------------|--|--|----------|
| | Extra Claims | | | |
| | | | | |
| Independent Claims | | | | |
| Multiple Dependent | | | | |

Large Entity **Small Entity**

| Fee Code (\$) | Fee Code (\$) | Fee Description |
|---------------|---------------|--|
| 1202 18 | 2202 9 | Claims in excess of 20 |
| 1201 86 | 2201 43 | Independent claims in excess of 3 |
| 1203 290 | 2203 145 | Multiple dependent claim, if not paid |
| 1204 86 | 2204 43 | ** Reissue independent claims over original patent |
| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2)

(\$)

** or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | Fee Code (\$) | Fee Description | Fee Paid |
|---------------------------|---------------|--|----------|
| 1051 | 130 | Surcharge - late filing fee or oath | |
| 1052 | 50 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 | 130 | Non-English specification | |
| 1812 | 2,520 | For filing a request for reexamination | |
| 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 | 110 | Extension for reply within first month | |
| 1252 | 420 | Extension for reply within second month | |
| 1253 | 950 | Extension for reply within third month | 950 |
| 1254 | 1,480 | Extension for reply within fourth month | |
| 1255 | 2,010 | Extension for reply within fifth month | |
| 1401 | 330 | Notice of Appeal | |
| 1402 | 330 | Filing a brief in support of an appeal | |
| 1403 | 290 | Request for oral hearing | |
| 1451 | 1,510 | Petition to institute a public use proceeding | |
| 1452 | 110 | Petition to revive - unavoidable | |
| 1453 | 1,330 | Petition to revive - unintentional | |
| 1501 | 1,330 | Utility issue fee (or reissue) | |
| 1502 | 480 | Design issue fee | |
| 1503 | 640 | Plant issue fee | |
| 1460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | Petitions related to provisional applications | |
| 1806 | 180 | Submission of Information Disclosure Stmt | |
| 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 770 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 770 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 1801 | 770 | Request for Continued Examination (RCE) | |
| 1802 | 900 | Request for expedited examination of a design application | |
| Other fee (specify) _____ | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)950

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|---|-----------------------------------|--------|-----------|------------------|
| Name (Print/Type) | Kevin Bastian | Registration No. (Attorney/Agent) | 34,774 | Telephone | 415-576-0200 |
| Signature |  | | | Date | January 26, 2004 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

02/03/2004 MBIZUNES 00000153 201430 09831680

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